

SLFRF Compliance Report - SLT-2028 - P&E Report - Q1 2024

Report Period : Quarter 1 2024 (January-March)

Recipient Profile

Recipient Information

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| Recipient UEI | ██████████ |
| Recipient TIN | ██████████ |
| Recipient Legal Entity Name | Penobscot County, Maine |
| Recipient Type | Metro City or County |
| FAIN | |
| CFDA No./Assistance Listing | |
| Recipient Address | 97 Hammond Street |
| Recipient Address 2 | |
| Recipient Address 3 | |
| Recipient City | Bangor |
| Recipient State/Territory | ME |
| Recipient Zip5 | 04401 |
| Recipient Zip+4 | |
| Recipient Reporting Tier | Tier 2. Metropolitan cities and counties with a population below 250,000 residents that are allocated more than \$10 million in SLFRF funding, and NEUs that are allocated more than \$10 million in SLFRF funding |
| Base Year Fiscal Year End Date | 12/31/2022 |
| Discrepancies Explanation | |
| Is the Recipient Registered in SAM.Gov? | Yes |

Project Overview

Project Name: Commissioner Beneficiary Awards

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| Project Identification Number | 75-0400 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.37-Economic Impact Assistance: Other |
| Status To Completion | Completed |
| Adopted Budget | \$1,800,000.00 |
| Total Cumulative Obligations | \$199,085.00 |
| Total Cumulative Expenditures | \$199,085.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Commissioners setup a Grant Program / \$300k per District (all three) / Open to non-profits struggling as a result of post-pandemic issues. |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | To replace lost revenues / equipment and structural issues / enhanced services to those that were impacted by Covid |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Review of application process prior to release of funds. The Commission took into account any prior award presented to the agency for better fair distribution. |

Project Name: Sub Recipient Awards

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| Project Identification Number | 75-0500 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.37-Economic Impact Assistance: Other |
| Status To Completion | Completed 50% or more |
| Total Cumulative Obligations | \$5,923,790.00 |
| Total Cumulative Expenditures | \$2,983,790.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Provide agencies in the area additional support to enhance County government services. Also, many of these agencies were significantly and negatively impacted by COVID 19. |
| Does this project include a capital expenditure? | Yes |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$0.00 |
| Type of capital expenditures, based on the following enumerated uses | Improvements to existing facilities |

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| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Agencies which enhance County government services. Homelessness, alcohol & drug addiction, recovery efforts and mental health issues addressed. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Application process / Reviewed by committee |

Project Name: \$300K / Commissioner District Funding

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|---|---|
| Project Identification Number | 75-1000 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.37-Economic Impact Assistance: Other |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$2,500,915.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$2,469,784.00 |
| Total Cumulative Expenditures | \$2,469,784.00 |
| Current Period Obligations | \$60,000.00 |
| Current Period Expenditures | \$60,000.00 |
| Project Description | Distribution by Commissioner district to assure fair & equitable distribution. |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Secondary Impacted and/or Disproportionately Impacted populations | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Provide assistance to those organizations in Commissioner Districts that were negatively impacted by COVID. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Reasonable and comprehensive approach / Application and review process by Grant Manager. |

Project Name: Tru Narc

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|---------------------------------|--------------------------------------|
| Project Identification Number | 6.1.0007 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed |
| Adopted Budget | \$40,000.00 |
| Total Cumulative Obligations | \$39,204.00 |
| Total Cumulative Expenditures | \$39,204.00 |

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| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Safety for officers detecting drugs |

Project Name: Y Asbestos Removal

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|---------------------------------|--|
| Project Identification Number | 6.1.0008 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$232,000.00 |
| Total Cumulative Obligations | \$232,000.00 |
| Total Cumulative Expenditures | \$230,839.75 |
| Current Period Obligations | \$608.75 |
| Current Period Expenditures | \$608.75 |
| Project Description | Removal of asbestos from public building project to demolish |

Project Name: Y Demolition

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|---------------------------------|--------------------------------------|
| Project Identification Number | 6.1.0009 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | |
| Adopted Budget | \$525,000.00 |
| Total Cumulative Obligations | \$525,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Demolition of public building |

Project Name: PRCC Mobile

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|---------------------------------|--------------------------------------|
| Project Identification Number | 6.1.0010 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | |
| Adopted Budget | \$303,200.00 |
| Total Cumulative Obligations | \$303,200.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | 911 Dispatch mobile service |

Project Name: Faro Scanner

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|---------------------------------|---|
| Project Identification Number | 6.1.0011 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | |
| Adopted Budget | \$80,000.00 |
| Total Cumulative Obligations | \$80,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Faro Scanner for the jail to protect those working with newly incarcerated individuals. |

Project Name: Facility Truck- County Capital

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|---------------------------------|---|
| Project Identification Number | 6.1.0012 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | |
| Adopted Budget | \$40,000.00 |
| Total Cumulative Obligations | \$40,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | County Capital Expense for Facility Truck |

Project Name: Community Care Shaw House

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| Project Identification Number | 6.1.0014 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$550,000.00 |
| Total Cumulative Obligations | \$550,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Upgrades to the facility as well as installing an HVAC system |
| Does this project include a capital expenditure? | Yes |
| What is the Total expected capital expenditure, including | |

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| pre-development costs, if applicable | \$550,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Improvements to existing facilities |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 4 Imp HHs that experienced increased food or housing insecurity |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Helping those with food and housing insecurity |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Upgrades to facility will ensure proper care can be provided |

Project Name: Bangor Nursing & Rehab

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|---|---|
| Project Identification Number | 6.1.0013 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$50,000.00 |
| Total Cumulative Obligations | \$50,000.00 |
| Total Cumulative Expenditures | \$50,000.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Purchase of generator for hospital |
| Does this project include a capital expenditure? | Yes |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$50,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Improvements to existing facilities |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 2 Imp Low or moderate income HHs or populations |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Generator purchase |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Without the equipment the center would suffer extreme hardship for the patients |

Project Name: Heart of Maine Resource Center

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|---------------------------------|--|
| Project Identification Number | 6.1.0015 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.23-Strong Healthy Communities: Demolition and Rehabilitation of Properties |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$275,000.00 |

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| Total Cumulative Obligations | \$275,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Renovation of derelict structure to provide non-profit hub for community |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 7 Imp Other HHs or populations that experienced a negative economic |
| Secondary Impacted and/or Disproportionately Impacted populations | 2 Imp Low or moderate income HHs or populations |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Building renovation of derelict property to aid the community |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Due to loss of community partnerships funding required to build up the area |

Project Name: Northern Forest

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|---|---|
| Project Identification Number | 6.1.0016 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.15-Long-Term Housing Security: Affordable Housing |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$250,000.00 |
| Total Cumulative Obligations | \$250,000.00 |
| Total Cumulative Expenditures | \$40,013.00 |
| Current Period Obligations | \$40,013.00 |
| Current Period Expenditures | \$40,013.00 |
| Project Description | Renovation of building to become low income housing |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 2 Imp Low or moderate income HHs or populations |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Housing for low income population |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Desperate need for affordable housing |

Project Name: Our Katahdin

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|---------------------------------|--|
| Project Identification Number | 6.1.0017 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.23-Strong Healthy Communities: Demolition and Rehabilitation of Properties |

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| Status To Completion | Completed less than 50% |
| Adopted Budget | \$650,000.00 |
| Total Cumulative Obligations | \$650,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Derelict building to be renovated to assist in creating a non-profit hub for the community |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 2 Imp Low or moderate income HHs or populations |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Renovation of building to improve the area and employment opportunities |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | This hub will incite community involvement and economic growth |

Project Name: Penobscot Valley Hospital

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| Project Identification Number | 6.1.0018 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$600,000.00 |
| Total Cumulative Obligations | \$600,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Funding to go towards conversion of current boilers to natural gas, 3CX Phone System, Switching Refresh, Server Replacement, 25 Laptops and 14 USB Docks, 55 Desktop Computers, and 75 Monitors. If possible with remaining funds the Nurse Call System will be updated. |
| Does this project include a capital expenditure? | Yes |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$600,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Medical equipment and facilities |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 2 Imp Low or moderate income HHs or populations |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Funding to go towards conversion of current boilers to natural gas, 3CX Phone System, Switching Refresh, Server Replacement, 25 Laptops and 14 USB Docks, 55 Desktop Computers, and 75 Monitors. If possible with remaining funds the Nurse Call System will be updated. |

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| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Funds will aid with the hospital's ability to serve the community |
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Project Name: St. Joseph's Hospital

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|---|---|
| Project Identification Number | 6.1.0019 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$500,000.00 |
| Total Cumulative Obligations | \$500,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Generator purchase for hospital |
| Does this project include a capital expenditure? | Yes |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$500,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Medical equipment and facilities |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Generator purchase for the community hospital |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | With this purchase the hospital will be able to continue its services |

Project Name: Town of E. Millinocket

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| Project Identification Number | 6.1.0020 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.23-Strong Healthy Communities: Demolition and Rehabilitation of Properties |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$214,000.00 |
| Total Cumulative Obligations | \$214,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Demolition of derelict mill building |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted | 11 Imp Classes of NPs designated as negatively |

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| population does this project primarily serve? | economically impacted |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Demolition of derelict building for the improvement of the community and further growth |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | This demolition will allow the community to grow and revitalize its economy |

Project Name: Town of Kenduskeag

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| Project Identification Number | 6.1.0021 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.34-Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted) |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$200,000.00 |
| Total Cumulative Obligations | \$200,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Renovation of public library to add bathrooms and running water |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionately Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Currently the library has not had restrooms or running water for the patrons. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Renovation will allow the community to use the library again |
| Number of Non-Profits served (by program if recipient establishes multiple separate non-profit assistance programs) | 1 |

Project Name: Town of Orrington

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|---------------------------------|--|
| Project Identification Number | 6.1.0022 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.37-Economic Impact Assistance: Other |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$650,000.00 |
| Total Cumulative Obligations | \$650,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
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| Project Description | Waste bailer purchase for waste disposal site |
| Does this project include a capital expenditure? | Yes |
| What is the Total expected capital expenditure, including pre-development costs, if applicable | \$650,000.00 |
| Type of capital expenditures, based on the following enumerated uses | Other (please specify) |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Hundreds of tons of waste has been piling up in the waste facility. The bailer will alleviate this problem for the area |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Community funding low for waste site |

Project Name: United Way

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| Project Identification Number | 6.1.0023 |
| Project Expenditure Category | 2-Negative Economic Impacts |
| Project Expenditure Subcategory | 2.23-Strong Healthy Communities: Demolition and Rehabilitation of Properties |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$350,000.00 |
| Total Cumulative Obligations | \$350,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Rehabilitation of property to create a community hub |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 2 Imp Low or moderate income HHs or populations |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Current building will be rehabilitated to create a community hub of services |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Economic growth for the community through the building of a new hub |

Project Name: Wellspring

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|---------------------------------|-----------------------------|
| Project Identification Number | 6.1.0024 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.13-Substance Use Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$220,000.00 |
| Total Cumulative Obligations | \$220,000.00 |

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| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Facility outdoor area revamping |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 2 Imp Low or moderate income HHs or populations |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Wellspring will be creating an outdoor environment for their wellness center for patients |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | High rise in patients required facility to be renovated |

Project Name: YMCA of Bangor

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|---|---|
| Project Identification Number | 6.1.0025 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.14-Other Public Health Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$3,000,000.00 |
| Total Cumulative Obligations | \$3,000,000.00 |
| Total Cumulative Expenditures | \$0.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Building of new facility for the community |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | New facility to be built for the community |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | Many using the facility for their health benefits and socialization |

Project Name: Boiler Replacement

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|---------------------------------|--------------------------------------|
| Project Identification Number | 6.1.0006 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$816,000.00 |
| Total Cumulative Obligations | \$816,000.00 |
| Total Cumulative Expenditures | \$816,000.00 |

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| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Replacement of failing boilers for county campus |

Project Name: Administration of ARPA Local Grant Process

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|---------------------------------|--|
| Project Identification Number | 7.1.0003 |
| Project Expenditure Category | 7-Administrative |
| Project Expenditure Subcategory | 7.1-Administrative Expenses |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$30,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$21,056.92 |
| Total Cumulative Expenditures | \$21,056.92 |
| Current Period Obligations | \$3,585.55 |
| Current Period Expenditures | \$3,585.55 |
| Project Description | Development of local grant program to distribute SLFRF funds to organizations in Penobscot County. This includes software to manage the application process and legal fees to develop contracts for the different programs. This is to include any legal fees for other needs related to the grant programs. |

Project Name: Upgrade to IT software and hardware

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|---------------------------------|--|
| Project Identification Number | 6.1.0001 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$900,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$900,000.00 |
| Total Cumulative Expenditures | \$867,296.31 |
| Current Period Obligations | \$45,970.30 |
| Current Period Expenditures | \$45,970.30 |
| Project Description | The proposed upgrades to the power supply redundancy and server capacity, along with extending and securing the network increase the county's ability to respond to situations like we faced with the lockdown. Redundancy means that should there be power interruptions in one area, we can compensate. Increasing server capacity means that should we need to disperse to work remotely, we can do the work the county needs without compromise or interruption. The same is true with extending the network to the judicial |

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| | building. This will allow for trials to continue in a safe and secure manner and avoid the backlog of cases we still face, as well as potentially shortening the amount of time people are incarcerated. |
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Project Name: Campus Renovation Planning

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| Project Identification Number | 6.1.0002 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$120,000.00 |
| Program Income Earned | \$0.00 |
| Program Income Expended | \$0.00 |
| Total Cumulative Obligations | \$120,000.00 |
| Total Cumulative Expenditures | \$86,395.85 |
| Current Period Obligations | \$3,590.00 |
| Current Period Expenditures | \$3,590.00 |
| Project Description | Site planning to make the County Campus function more efficiently for the public |

Project Name: Time Clock Upgrade

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|---|--|
| Project Identification Number | 3.4-0001 |
| Project Expenditure Category | 3-Public Health-Negative Economic Impact: Public Sector Capacity |
| Project Expenditure Subcategory | 3.4-Public Sector Capacity: Effective Service Delivery |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$30,000.00 |
| Total Cumulative Obligations | \$28,903.50 |
| Total Cumulative Expenditures | \$28,903.50 |
| Current Period Obligations | \$2,777.50 |
| Current Period Expenditures | \$2,777.50 |
| Project Description | Upgrade time clock system to address new COVID related precautions |
| Does this project include a capital expenditure? | No |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | Time clock system impacts all of the Corrections Officers in the county Jail and many of the staff at the county. The new system is based on facial recognition with masks in place. This new system also cuts the amount of paper moved from one office to another limiting paper waste and potential transmission. |
| Brief description of recipient’s approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | This is not a capital expense. A time clock system is needed for the workers within the county this upgrade addresses the new reality of 'No Touch' systems while being cost effective. |

Project Name: Body Scanner for Jail

| | |
|---|--|
| Project Identification Number | 1.14.0001 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$200,000.00 |
| Total Cumulative Obligations | \$200,000.00 |
| Total Cumulative Expenditures | \$194,552.52 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Body Scanner (Tek 84) assesses temperature and performs low level x-ray in place of body cavity searches. |
| Does this project include a capital expenditure? | No |
| What Impacted and/or Disproportionally Impacted population does this project primarily serve? | 1 Imp General Public |
| Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced | This isn't a program but a way to keep people who are incarcerated safer. |
| Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19 | This response minimizes prolonged contact on intake to the jail. This helps limit the spread of illness in the jail and limits the ability of inmates to smuggle drugs into the jail in a way that doesn't require body cavity searches. |

Project Name: Control Room Updates

| | |
|---------------------------------|--------------------------------------|
| Project Identification Number | 6.1.0003 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed less than 50% |
| Adopted Budget | \$1,000,000.00 |
| Total Cumulative Obligations | \$1,000,000.00 |
| Total Cumulative Expenditures | \$497,254.79 |
| Current Period Obligations | \$21,436.00 |
| Current Period Expenditures | \$21,436.00 |
| Project Description | Updates to the Jail Control Room |

Project Name: TRIO Web Upgrade

| | |
|---------------------------------|--------------------------------------|
| Project Identification Number | 6.1.0004 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$12,000.00 |
| | |

| | |
|-------------------------------|--|
| Total Cumulative Obligations | \$12,000.00 |
| Total Cumulative Expenditures | \$6,625.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Update to web-based HR/ Financial system to improve capacity to have people work remotely. |

Project Name: Elevator Upgrades

| | |
|---------------------------------|---|
| Project Identification Number | 6.1.0005 |
| Project Expenditure Category | 6-Revenue Replacement |
| Project Expenditure Subcategory | 6.1-Provision of Government Services |
| Status To Completion | Completed 50% or more |
| Adopted Budget | \$150,000.00 |
| Total Cumulative Obligations | \$150,000.00 |
| Total Cumulative Expenditures | \$130,729.56 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Repair and updates to the jail elevator |

Project Name: Listening Session Facilitator

| | |
|---------------------------------|--|
| Project Identification Number | 7.1:00002 |
| Project Expenditure Category | 7-Administrative |
| Project Expenditure Subcategory | 7.1-Administrative Expenses |
| Status To Completion | Completed |
| Adopted Budget | \$10,000.00 |
| Total Cumulative Obligations | \$10,000.00 |
| Total Cumulative Expenditures | \$10,000.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | To foster public engagement the Commissioner's voted to have in-person and virtual listening sessions run by a professional facilitator to educate the public on the uses of ARPA funds and what they would like to see done with them. At the end of the sessions the facilitator will compile a report to be presented to the Commissioners. |

Project Name: Grant Manager

| | |
|---------------------------------|-----------------------------|
| Project Identification Number | 7.1:00001 |
| Project Expenditure Category | 7-Administrative |
| Project Expenditure Subcategory | 7.1-Administrative Expenses |
| Status To Completion | Completed 50% or more |
| | |

| | |
|-------------------------------|--|
| Adopted Budget | \$286,709.00 |
| Total Cumulative Obligations | \$186,026.19 |
| Total Cumulative Expenditures | \$186,026.19 |
| Current Period Obligations | \$27,359.65 |
| Current Period Expenditures | \$27,359.65 |
| Project Description | Salary and benefits for a 40 hour a week position to manage the Grant making process as it relates to the ARPA funds. This position will also monitor and develop internal processes as needed. This position will also support reporting on expenditures of the ARPA funds. |

Project Name: Premium Pay- County Employees

| | |
|---|--|
| Project Identification Number | 4.1:00001 |
| Project Expenditure Category | 4-Premium Pay |
| Project Expenditure Subcategory | 4.1-Public Sector Employees |
| Status To Completion | Completed |
| Adopted Budget | \$690,587.00 |
| Total Cumulative Obligations | \$690,587.00 |
| Total Cumulative Expenditures | \$690,587.00 |
| Current Period Obligations | \$0.00 |
| Current Period Expenditures | \$0.00 |
| Project Description | Hazard Pay for Essential County Workers. Essential workers are defined as "PERFORMING ESSENTIAL WORK DURING THE COVID-19 PUBLIC HEALTH EMERGENCY... WITHIN THE COUNTY TO COMPENSATE ELIGIBLE WORKERS FOR PERFORMING ESSENTIAL WORK." |
| Sectors Designated as Essential Critical Infrastructure Sectors | All of the employees paid work for Penobscot County. They represent the Sheriff's Dept., The Correctional Facility Staff, and office employees with public facing jobs that could not be done remotely. |
| Number of workers to be served | 228 |
| Premium Pay Narrative | The people paid represent essential services the County required to have operating through out the pandemic. This pay allowed them to continue coming to work during this time and rewarded them for the risks they were taking in doing so. The County government provides vital services such as a 911 call center, Sheriff's office, and a jail. These services were vital to the continuation of the county's public safety. None of these services could be delayed due to the lockdown or other emergency measures. This money helped keep people in the jobs they were doing under the most difficult situations. XX employees in supervisory or specialized positions received Hazard pay putting them above the 150% of the state's annual wage. These positions were crucial to operation of the County services. The personnel in those positions represent years of experience that could not be duplicated in other personnel or new hires. Maine Average annual wage according to US Bureau of Labor Statistics is \$51952. That makes 150%, \$77928 |

| | |
|---|---|
| Number of workers to be served with premium pay in K-12 schools | 0 |
|---|---|

Subrecipients

Subrecipient Name: St. Joseph's Hospital

| | |
|---|--------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 360 Broadway |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Town of Kenduskeag

| | |
|---|---------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 4010 Broadway |
| Address Line 2 | |
| Address Line 3 | |
| City | Kenduskeag |
| State | ME |
| Zip | 04450 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Town of Orrington

| | |
|--------------------------|-----------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 1 Municipal Way |
| Address Line 2 | |
| Address Line 3 | |
| City | Orrington |

| | |
|---|--------------|
| State | ME |
| Zip | 04474 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: United Way

| | |
|---|-----------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 700 Main Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Heart of Maine Resource Center

| | |
|---|---------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 6 Main Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Dexter |
| State | ME |
| Zip | 04930 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Our Katahdin

| | |
|--------------------------|------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | PO Box 293 |

| | |
|---|--------------|
| Address Line 2 | |
| Address Line 3 | |
| City | Millinocket |
| State | ME |
| Zip | 04462 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Community Care Shaw House

| | |
|---|------------------|
| TIN | ██████████ |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 40 Summer Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Northern Forest

| | |
|---|------------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 18 N Main Street |
| Address Line 2 | Suite 204 |
| Address Line 3 | |
| City | Concord |
| State | NH |
| Zip | 03301 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Penobscot Valley Hospital

| | |
|-----|--|
| TIN | |
| | |

| | |
|---|-------------------|
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 7 Transalpine Rd. |
| Address Line 2 | |
| Address Line 3 | |
| City | Lincoln |
| State | ME |
| Zip | 04457 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Bangor Nursing & Rehab

| | |
|---|----------------|
| TIN | ██████████ |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 103 Texas Ave. |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Wellspring

| | |
|---|----------------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 98 Cumberland Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: YMCA of Bangor

| | |
|---|------------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 17 Second Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Millinocket Memorial Library

| | |
|---|--------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 5 Maine Ave |
| Address Line 2 | |
| Address Line 3 | |
| City | Millinocket |
| State | ME |
| Zip | 04462 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Fresh Start Inc

| | |
|--------------------------|--------------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 720 Kenduskeag Ave |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| | |

| | |
|---|--------------|
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | N/A |

Subrecipient Name: Penquis

| | |
|---|--------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 262 Harlow |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Maine Discovery Museum

| | |
|---|--------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 74 Main St |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: City of Brewer

| | |
|--------------------------|-------------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 80 North Main St. |
| Address Line 2 | |
| Address Line 3 | |

| | |
|---|--------------|
| City | Brewer |
| State | ME |
| Zip | 04412 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Penobscot Community Health Center Inc.

| | |
|---|---------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 103 Main Ave. |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Town of E. Millinocket

| | |
|---|------------------|
| TIN | |
| Unique Entity Identifier | ██████████ |
| POC Email Address | |
| Address Line 1 | 53 Main street |
| Address Line 2 | |
| Address Line 3 | |
| City | East Millinocket |
| State | ME |
| Zip | 04430 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Wendy Dana

| | |
|--------------------------|------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | |
| | |

| | |
|--|---------------|
| Address Line 1 | 97 Hammond St |
| Address Line 2 | 97 Hammond St |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | No |
| In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds? | Yes |
| In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds? | No |

Subrecipient Name: BARN - Bangor Area Recovery Network

| | |
|---|----------------------|
| TIN | ████████ |
| Unique Entity Identifier | ████████████████ |
| POC Email Address | ████████████████████ |
| Address Line 1 | 142 Center Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Brewer |
| State | ME |
| Zip | 04412 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Eastern Area Agency on Aging

| | |
|--------------------------|------------------|
| TIN | ████████ |
| Unique Entity Identifier | ████████████████ |
| POC Email Address | ████████████████ |
| Address Line 1 | 240 State Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Brewer |
| State | ME |
| Zip | 04412 |
| Zip+4 | |
| Entity Type | Subrecipient |

| | |
|---|-----|
| Is the Recipient Registered in SAM.Gov? | N/A |
|---|-----|

Subrecipient Name: Millinocket Regional Hospital

| | |
|---|---------------------|
| TIN | ██████████ |
| Unique Entity Identifier | ██████████ |
| POC Email Address | ██████████ |
| Address Line 1 | 200 Somerset Street |
| Address Line 2 | |
| Address Line 3 | |
| City | Millinocket |
| State | ME |
| Zip | 04462 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | N/A |

Subrecipient Name: Eastern Maine Community College / Katahdin Higher Ed

| | |
|---|------------------|
| TIN | ██████████ |
| Unique Entity Identifier | ██████████ |
| POC Email Address | ██████████ |
| Address Line 1 | 1 Dirigo Drive |
| Address Line 2 | |
| Address Line 3 | |
| City | East Millinocket |
| State | ME |
| Zip | 04430 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | N/A |

Subrecipient Name: Wabanaki Public Health & Wellness

| | |
|--------------------------|-------------------|
| TIN | ██████████ |
| Unique Entity Identifier | ██████████ |
| POC Email Address | ██████████ |
| Address Line 1 | 1 Merchants Plaza |
| Address Line 2 | PO Box 1356 |
| Address Line 3 | |
| City | Bangor |
| State | ME |

| | |
|---|--------------|
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Subrecipient |
| Is the Recipient Registered in SAM.Gov? | N/A |

Subrecipient Name: Lisette Carrithers

| | |
|--|--|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | ██ |
| Address Line 1 | 28 Maple St. |
| Address Line 2 | |
| Address Line 3 | |
| City | East Millinocket |
| State | ME |
| Zip | 04430 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | No |
| In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds? | Yes |
| In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds? | No |

Subrecipient Name: Penobscot County, Maine

| | |
|---|----------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 97 Hammond St. |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | |
| Entity Type | Beneficiary |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: LM Strategy

| | |
|--------------------------|------------|
| TIN | ██████████ |
| Unique Entity Identifier | |

| | |
|--|-----------------|
| POC Email Address | |
| Address Line 1 | 17 Cromwell Dr. |
| Address Line 2 | |
| Address Line 3 | |
| City | Orono |
| State | ME |
| Zip | 04473 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | No |
| In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds? | No |
| In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds? | No |

Subrecipient Name: Haley Ward, Inc.

| | |
|---|--------------------|
| TIN | |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | One Merchant Plaza |
| Address Line 2 | Suite 701 |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04401 |
| Zip+4 | 8304 |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | N/A |

Subrecipient Name: ScholarSelect, LLC

| | |
|--------------------------|---------------------|
| TIN | |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 5411 McCommas Blvd. |
| Address Line 2 | |
| Address Line 3 | |
| City | Dallas |
| State | TX |
| Zip | 75206 |
| Zip+4 | |

| | |
|---|------------|
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | N/A |

Subrecipient Name: Tek 84

| | |
|---|-----------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 13495 Gregg St. |
| Address Line 2 | |
| Address Line 3 | |
| City | Poway |
| State | CA |
| Zip | 92064 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: CMC Technology Group

| | |
|---|---------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | 62 Maine Ave. |
| Address Line 2 | |
| Address Line 3 | |
| City | Farmingdale |
| State | ME |
| Zip | 04344 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Consolidated Communications, Inc.

| | |
|--------------------------|----------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | |
| Address Line 1 | P.O. Box 70347 |
| Address Line 2 | |
| Address Line 3 | |
| City | Philadelphia |

| | |
|---|------------|
| State | PA |
| Zip | 19176 |
| Zip+4 | 0347 |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | Yes |

Subrecipient Name: Lee Baxter

| | |
|--|----------------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | ████████████████████ |
| Address Line 1 | 79A Bradley Dr. |
| Address Line 2 | |
| Address Line 3 | |
| City | Westbrook |
| State | ME |
| Zip | 04292 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | No |
| In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds? | No |
| In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds? | No |

Subrecipient Name: Rudman-Winchell

| | |
|--|----------------------|
| TIN | ██████████ |
| Unique Entity Identifier | |
| POC Email Address | ████████████████████ |
| Address Line 1 | 84 Harlow St. |
| Address Line 2 | |
| Address Line 3 | |
| City | Bangor |
| State | ME |
| Zip | 04402 |
| Zip+4 | |
| Entity Type | Contractor |
| Is the Recipient Registered in SAM.Gov? | No |
| In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds? | No |
| In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds? | No |

Subawards

Subaward No: BARN

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$273,300.00 |
| Subaward Date | 12/20/2022 |
| Place of Performance Address 1 | 142 Center Street |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Brewer |
| Place of Performance State | ME |
| Place of Performance Zip | 04412 |
| Place of Performance Zip+4 | |
| Description | BARN Recovery Justice Program / Working with the Courts, Correctional Facilities, Drug Court, Probation and all other aspects of substance abuse recovery. |
| Subrecipient | BARN - Bangor Area Recovery Network |
| Period of Performance Start | 12/20/2022 |
| Period of Performance End | 12/31/2026 |

Subaward No: EAAA

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$50,000.00 |
| Subaward Date | 12/28/2022 |
| Place of Performance Address 1 | 240 State Street |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Brewer |
| Place of Performance State | ME |
| Place of Performance Zip | 04412 |
| Place of Performance Zip+4 | |
| Description | Describe the program the requested money will fund? * Food insecurity affects over 50,000 older adult Mainers impacting their health, mobility, and overall place within their communities. Older adults under the stress of food insecurity are twice as likely to have on-going health issues as well as are at higher risk for chronic health conditions such as heart disease and depression. Eastern Area Agency on Aging is working to combat this issue on several fronts. Requested funding would work in support of our Meals on Wheels/Home Delivered Meals program which currently serves over 470 older Americans in Penobscot County; the re-opening and growth of our congregational cafe meals |

| | |
|-----------------------------|--|
| | which provide hot meals to over 100 consumers, as well as our Co |
| Subrecipient | Eastern Area Agency on Aging |
| Period of Performance Start | 12/28/2022 |
| Period of Performance End | 12/31/2022 |

Subward No: MRHME

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$100,000.00 |
| Subaward Date | 12/28/2022 |
| Place of Performance Address 1 | 145 Harlow Street |
| Place of Performance Address 2 | Bangor Public Library |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Describe the program the requested money will fund? * Error by entering the wrong entity back in 2022. This is the amount of the Bangor Public Library. A social worker was hired and funded. |
| Subrecipient | Millinocket Regional Hospital |
| Period of Performance Start | 12/28/2022 |
| Period of Performance End | 12/31/2026 |

Subward No: EMMCKAT

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$150,000.00 |
| Subaward Date | 12/28/2022 |
| Place of Performance Address 1 | 1 Dirigo Drive |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | East Millinocket |
| Place of Performance State | ME |
| Place of Performance Zip | 04430 |
| Place of Performance Zip+4 | |
| | <p>What is your Organizational Mission Statement: * Eastern Maine Community College provides the highest quality post-secondary technical, career, and transfer education, while serving as a community and economic development resource.</p> <p>Describe the program the requested money will fund? *</p> |

| | |
|-----------------------------|---|
| Description | <p>The Katahdin Higher Education Center is an off-campus center of Eastern Maine Community College and the University of Maine at Augusta. The Center was established in 1987 and serves the entire Northern Penobscot County.</p> <p>Networkmaine, which is a unit of the University of Maine System, operates a state-wide research and education network (MaineREN) over which it provides robust, secure, and high speed Internet connectivity to Community Anchor Institutions (CA</p> |
| Subrecipient | Eastern Maine Community College / Katahdin Higher Ed |
| Period of Performance Start | 12/28/2022 |
| Period of Performance End | 12/31/2026 |

Subward No: MRHME2

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$1,067,440.00 |
| Subaward Date | 12/28/2022 |
| Place of Performance Address 1 | 200 Somerset Street |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Millinocket |
| Place of Performance State | ME |
| Place of Performance Zip | 04462 |
| Place of Performance Zip+4 | |
| Description | <p>Describe the program the requested money will fund? * Millinocket Regional Hospital (MRH) is embarking on a renovation and expansion project of the Emergency Services Department (ED). We are seeking funding to support significant facility upgrades to address the clinical and operational challenges faced during the pandemic. We are requesting ARPA funding for Phase 2, Engineering Design, Construction Documentation and Project Management to begin after completion of Phase 1.</p> <p>To date, in partnership with Eastern Maine Development Corporation, we have secured funding through County TIF and PILT funds for Phase 1, the concept design/feasibility study.</p> <p>The Emergency Department at MRH is the sole source of care in the Katahdin Region for acute</p> |
| Subrecipient | Millinocket Regional Hospital |
| Period of Performance Start | 12/28/2022 |
| Period of Performance End | 12/31/2022 |

Subward No: WPHW

| | |
|---------------|----------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
| | |

| | |
|--------------------------------|---|
| Subaward Obligation | \$100,000.00 |
| Subaward Date | 12/28/2022 |
| Place of Performance Address 1 | 1 Merchants Plaza |
| Place of Performance Address 2 | PO Box 1356 |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | <p>What is your Organizational Mission Statement: * Wabanaki Public Health and Wellness's (WPHW) mission is to provide community-driven, culturally centered public health and social services to all Wabanaki communities and people while honoring Wabanaki cultural knowledge, cultivating innovation, and fostering collaboration. Our values include inclusivity, balance, and cultural centeredness.</p> <p>Describe the program the requested money will fund? * This opportunity will support a Withdrawal Management and Healing Center in the Bangor area which will serve Wabanaki and Indigenous individuals in Maine. The Withdrawal Management and Healing Center will provide a valuable resource to individuals in need of an immediate safe place and care as they beg</p> |
| Subrecipient | Wabanaki Public Health & Wellness |
| Period of Performance Start | 12/28/2022 |
| Period of Performance End | 12/31/2026 |

Subward No: MAINE DISC MUS

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$500,000.00 |
| Subaward Date | 6/6/2023 |
| Place of Performance Address 1 | 74 Maine St |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Award for HVAC System to ensure proper ventilation for building |
| Subrecipient | Maine Discovery Museum |
| Period of Performance Start | 6/6/2023 |
| Period of Performance End | 12/31/2026 |

Subward No: PENQUIS

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$2,850,000.00 |
| Subaward Date | 5/23/2023 |
| Place of Performance Address 1 | 262 Harlow St |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Housing for those experiencing homelessness and senior housing |
| Subrecipient | Penquis |
| Period of Performance Start | 5/23/2023 |
| Period of Performance End | 12/31/2026 |

Subward No: FR STRT

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$419,316.75 |
| Subaward Date | 1/27/2023 |
| Place of Performance Address 1 | 720 Kenduskeag Ave |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Funds used for purchase of building for recovery housing |
| Subrecipient | Fresh Start Inc |
| Period of Performance Start | 1/27/2023 |
| Period of Performance End | 12/31/2026 |

Subward No: MML

| | |
|--------------------------------|----------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$100,000.00 |
| Subaward Date | 4/12/2023 |
| Place of Performance Address 1 | 5 Maine Ave |
| | |

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|--------------------------------|-----------------------------------|
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Millinocket |
| Place of Performance State | ME |
| Place of Performance Zip | 04462 |
| Place of Performance Zip+4 | |
| Description | Funds to support the town library |
| Subrecipient | Millinocket Memorial Library |
| Period of Performance Start | 4/12/2023 |
| Period of Performance End | 4/12/2023 |

Subward No: PCHC

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$50,000.00 |
| Subaward Date | 7/11/2023 |
| Place of Performance Address 1 | 103 Main Ave. |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Transitional housing program facility project |
| Subrecipient | Penobscot Community Health Center Inc. |
| Period of Performance Start | 7/11/2023 |
| Period of Performance End | 12/31/2026 |

Subward No: FR STRT 2

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$180,683.25 |
| Subaward Date | 9/26/2023 |
| Place of Performance Address 1 | 720 Kenduskeag Ave. |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Funding towards the purchase of a recovery home. |

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|-----------------------------|-----------------|
| Subrecipient | Fresh Start Inc |
| Period of Performance Start | 9/26/2023 |
| Period of Performance End | 12/31/2026 |

Subward No: CTY BREW

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$83,050.00 |
| Subaward Date | 8/29/2023 |
| Place of Performance Address 1 | 80 North Main St. |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Brewer |
| Place of Performance State | ME |
| Place of Performance Zip | 04412 |
| Place of Performance Zip+4 | |
| Description | Firing range improvements. Range is used by all surrounding areas. |
| Subrecipient | City of Brewer |
| Period of Performance Start | 8/29/2023 |
| Period of Performance End | 12/31/2026 |

Subward No: 75-1000

| | |
|--------------------------------|--|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$341,785.00 |
| Subaward Date | 10/3/2023 |
| Place of Performance Address 1 | 97 Hammond St |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Awards given to non-profits in the community impacted by Covid |
| Subrecipient | Penobscot County, Maine |
| Period of Performance Start | 10/3/2023 |
| Period of Performance End | 12/31/2026 |

Subward No: 6.1.0014

| | |
|---------------|----------------|
| Subaward Type | Direct Payment |
|---------------|----------------|

| | |
|--------------------------------|---|
| Subaward Obligation | \$550,000.00 |
| Subaward Date | 2/26/2024 |
| Place of Performance Address 1 | 40 Summer St. |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Renovation to building to assist the homeless |
| Subrecipient | Community Care Shaw House |
| Period of Performance Start | 2/26/2024 |
| Period of Performance End | 12/31/2026 |

Subaward No: 6.1.0013

| | |
|--------------------------------|---------------------------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$50,000.00 |
| Subaward Date | 2/8/2024 |
| Place of Performance Address 1 | 103 Texas Ave. |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Generator purchase for hospital |
| Subrecipient | Bangor Nursing & Rehab |
| Period of Performance Start | 2/8/2024 |
| Period of Performance End | 12/31/2026 |

Subaward No: 6.1.0015

| | |
|--------------------------------|----------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$275,000.00 |
| Subaward Date | 4/2/2024 |
| Place of Performance Address 1 | 6 Main St. |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Dexter |
| Place of Performance State | ME |

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|-----------------------------|--|
| Place of Performance Zip | 04930 |
| Place of Performance Zip+4 | |
| Description | Rehabilitation for building to create a community hub for economic growth and assistance |
| Subrecipient | Heart of Maine Resource Center |
| Period of Performance Start | 4/2/2024 |
| Period of Performance End | 12/31/2026 |

Subward No: 6.1.0016

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$250,000.00 |
| Subaward Date | 2/27/2024 |
| Place of Performance Address 1 | 18 N. Main St. |
| Place of Performance Address 2 | Suite 204 |
| Place of Performance Address 3 | |
| Place of Performance City | Concord |
| Place of Performance State | NH |
| Place of Performance Zip | 03301 |
| Place of Performance Zip+4 | |
| Description | Renovation of building to create mid income housing |
| Subrecipient | Northern Forest |
| Period of Performance Start | 2/27/2024 |
| Period of Performance End | 12/31/2026 |

Subward No: 6.1.0017

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$650,000.00 |
| Subaward Date | 2/20/2024 |
| Place of Performance Address 1 | PO Box 293 |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Millinocket |
| Place of Performance State | ME |
| Place of Performance Zip | 04462 |
| Place of Performance Zip+4 | |
| Description | Renovation of building to create opportunity hub for non-profits and the community |
| Subrecipient | Our Katahdin |
| Period of Performance Start | 2/20/2024 |
| Period of Performance End | 12/31/2026 |

Subaward No: 6.1.0018

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$600,000.00 |
| Subaward Date | 2/20/2024 |
| Place of Performance Address 1 | PO Box 368 |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Lincoln |
| Place of Performance State | ME |
| Place of Performance Zip | 04457 |
| Place of Performance Zip+4 | |
| Description | Upgrades to medical facility to include computers, phone systems, and facility upgrades |
| Subrecipient | Penobscot Valley Hospital |
| Period of Performance Start | 2/20/2024 |
| Period of Performance End | 12/31/2026 |

Subaward No: 6.1.0019

| | |
|--------------------------------|------------------------------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$500,000.00 |
| Subaward Date | 6/12/2023 |
| Place of Performance Address 1 | 360 Broadway |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Purchase of generator for hospital |
| Subrecipient | St. Joseph's Hospital |
| Period of Performance Start | 6/12/2023 |
| Period of Performance End | 12/31/2026 |

Subaward No: 6.1.0020

| | |
|--------------------------------|----------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$214,000.00 |
| Subaward Date | 3/20/2024 |
| Place of Performance Address 1 | 53 Main St. |
| | |

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|--------------------------------|--|
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | E Millinocket |
| Place of Performance State | ME |
| Place of Performance Zip | 04430 |
| Place of Performance Zip+4 | |
| Description | Redevelopment of old mill by clean up of facility to prepare for economic growth |
| Subrecipient | Town of E. Millinocket |
| Period of Performance Start | 3/20/2024 |
| Period of Performance End | 12/31/2026 |

Subward No: 6.1.0021

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$200,000.00 |
| Subaward Date | 3/20/2024 |
| Place of Performance Address 1 | 4010 Broadway |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Kenduskeag |
| Place of Performance State | ME |
| Place of Performance Zip | 04450 |
| Place of Performance Zip+4 | |
| Description | Building of library/community center replacing old library which had no running water of restrooms for the community |
| Subrecipient | Town of Kenduskeag |
| Period of Performance Start | 3/20/2024 |
| Period of Performance End | 12/31/2026 |

Subward No: 6.1.0022

| | |
|--------------------------------|-----------------|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$650,000.00 |
| Subaward Date | 3/14/2024 |
| Place of Performance Address 1 | 1 Municipal Way |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Orrington |
| Place of Performance State | ME |
| Place of Performance Zip | 04474 |
| Place of Performance Zip+4 | |

| | |
|-----------------------------|--|
| Description | Purchase of waste bailer for disposal facility which has been closed |
| Subrecipient | Town of Orrington |
| Period of Performance Start | 3/14/2024 |
| Period of Performance End | 12/31/2026 |

Subward No: 6.1.0023

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$350,000.00 |
| Subaward Date | 2/8/2024 |
| Place of Performance Address 1 | 700 Main St. |
| Place of Performance Address 2 | Suite 1 |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Creating community hub which will assist the community in creating employment |
| Subrecipient | United Way |
| Period of Performance Start | 2/8/2024 |
| Period of Performance End | 12/31/2026 |

Subward No: 6.1.0024

| | |
|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$220,000.00 |
| Subaward Date | 2/8/2024 |
| Place of Performance Address 1 | 90 Cumberland |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Creating outdoor space for the mental health facility |
| Subrecipient | Wellspring |
| Period of Performance Start | 2/8/2024 |
| Period of Performance End | 12/31/2026 |

Subward No: 6.1.0025

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|--------------------------------|---|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$3,000,000.00 |
| Subaward Date | 1/30/2023 |
| Place of Performance Address 1 | 17 Second St. |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Building of community enrichment facility |
| Subrecipient | YMCA of Bangor |
| Period of Performance Start | 1/30/2023 |
| Period of Performance End | 12/31/2026 |

Subward No: 0001

| | |
|--------------------------------|--|
| Subaward Type | Contract: Purchase Order |
| Subaward Obligation | \$0.00 |
| Subaward Date | 3/3/2020 |
| Place of Performance Address 1 | 97 Hammond St |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Umbrella expense for administration of County grant programs |
| Subrecipient | Penobscot County, Maine |
| Period of Performance Start | 3/3/2021 |
| Period of Performance End | 12/31/2026 |

Subward No: 0003

| | |
|--------------------------------|----------------------------|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$135,350.01 |
| Subaward Date | 10/1/2023 |
| Place of Performance Address 1 | 97 Hammond St |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| | |

| | |
|-----------------------------|---------------|
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | Grant Manager |
| Subrecipient | Wendy Dana |
| Period of Performance Start | 10/1/2023 |
| Period of Performance End | 12/31/2023 |

Subward No: 00001

| | |
|--------------------------------|--|
| Subaward Type | Direct Payment |
| Subaward Obligation | \$0.00 |
| Subaward Date | 9/30/2021 |
| Place of Performance Address 1 | 97 Hammond St, County Administrator's Office |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| Description | This position is needed to manage these once in a lifetime funds and develop the processes to track and disperse the funds while maintaining the reporting and documentation required by the Federal government. |
| Subrecipient | Lisette Carrithers |
| Period of Performance Start | 10/19/2021 |
| Period of Performance End | 12/31/2026 |

Subward No: 4.1:00001

| | |
|--------------------------------|---|
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subaward Obligation | \$690,587.00 |
| Subaward Date | 3/3/2021 |
| Place of Performance Address 1 | 97 Hammond St |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Bangor |
| Place of Performance State | ME |
| Place of Performance Zip | 04401 |
| Place of Performance Zip+4 | |
| | The people paid represent essential services the County required to have operating through out the pandemic. This |

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| Description | pay allowed them to continue coming to work during this time and rewarded them for the risks they were taking in doing so. The County government provides vital services such as a 911 call center, Sheriff's office, and a jail. These services were vital to the continuation of the county's public safety. None of these services could be delayed due to the lockdown or other emergency measures. This money helped keep people in the jobs they were doing under the most difficult situations. |
| Subrecipient | Penobscot County, Maine |
| Period of Performance Start | 3/3/2021 |
| Period of Performance End | 12/31/2021 |
| Primary Sector | any work performed by an employee of a State, local, or Tribal government |
| Purpose of Funds | Premium pay for County employees meeting the definition of Essential workers |

Expenditures

Expenditures for Awards more than \$50,000

Expenditure: EN-00778494

| | |
|--------------------|-------------------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0504866 |
| Subaward No | BARN |
| Subaward Amount | \$273,300.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | BARN - Bangor Area Recovery Network |
| Expenditure Start | 12/28/2022 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$273,300.00 |

Expenditure: EN-00778496

| | |
|--------------------|------------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0504967 |
| Subaward No | EAAA |
| Subaward Amount | \$50,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Eastern Area Agency on Aging |
| Expenditure Start | 12/28/2022 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$50,000.00 |

Expenditure: EN-00778498

| | |
|--------------------|-------------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0505050 |
| Subaward No | MRHME |
| Subaward Amount | \$100,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Millinocket Regional Hospital |
| Expenditure Start | 12/28/2022 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$150,000.00 |

Expenditure: EN-00778500

| | |
|--------------------|--|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0505058 |
| Subaward No | EMMCKAT |
| Subaward Amount | \$150,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Eastern Maine Community College / Katahdin Higher Ed |
| Expenditure Start | 12/28/2022 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$150,000.00 |

Expenditure: EN-00778501

| | |
|--------------------|-------------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0505063 |
| Subaward No | MRHME2 |
| Subaward Amount | \$1,067,440.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Millinocket Regional Hospital |
| Expenditure Start | 12/28/2022 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$1,067,440.00 |

Expenditure: EN-00778503

| | |
|--------------------|-----------------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0505068 |
| Subaward No | WPHW |
| Subaward Amount | \$100,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Wabanaki Public Health & Wellness |
| Expenditure Start | 12/28/2022 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$100,000.00 |

Expenditure: EN-01703165

| | |
|--------------|----------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0769780 |
| | |

| | |
|--------------------|----------------------------|
| Subaward No | FR STRT |
| Subaward Amount | \$419,316.75 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Fresh Start Inc |
| Expenditure Start | 1/27/2023 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$419,316.75 |

Expenditure: EN-01703179

| | |
|--------------------|------------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0769788 |
| Subaward No | MML |
| Subaward Amount | \$100,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Millinocket Memorial Library |
| Expenditure Start | 4/12/2023 |
| Expenditure End | 4/12/2023 |
| Expenditure Amount | \$100,000.00 |

Expenditure: EN-01703210

| | |
|--------------------|----------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0766684 |
| Subaward No | MAINE DISC MUS |
| Subaward Amount | \$500,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Maine Discovery Museum |
| Expenditure Start | 6/6/2023 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$75,000.00 |

Expenditure: EN-01703213

| | |
|-------------------|----------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0766935 |
| Subaward No | PENQUIS |
| Subaward Amount | \$2,850,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Penquis |
| | |

| | |
|--------------------|--------------|
| Expenditure Start | 5/23/2023 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$285,000.00 |

Expenditure: EN-01794654

| | |
|--------------------|--|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0791079 |
| Subaward No | PCHC |
| Subaward Amount | \$50,000.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Penobscot Community Health Center Inc. |
| Expenditure Start | 7/11/2023 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$50,000.00 |

Expenditure: EN-01794687

| | |
|--------------------|----------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0791091 |
| Subaward No | FR STRT 2 |
| Subaward Amount | \$180,683.25 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Fresh Start Inc |
| Expenditure Start | 9/26/2023 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$180,683.25 |

Expenditure: EN-01794712

| | |
|--------------------|----------------------------|
| Project Name | Sub Recipient Awards |
| Subaward ID | SUB-0791095 |
| Subaward No | CTY BREW |
| Subaward Amount | \$83,050.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | City of Brewer |
| Expenditure Start | 8/29/2023 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$83,050.00 |

Expenditure: EN-01708263

| | |
|--------------------|--|
| Project Name | \$300K / Commissioner District Funding |
| Subaward ID | SUB-0770087 |
| Subaward No | 75-1000 |
| Subaward Amount | \$341,785.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Penobscot County, Maine |
| Expenditure Start | 6/30/2023 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$0.00 |

Expenditure: EN-01962906

| | |
|--------------------|--|
| Project Name | \$300K / Commissioner District Funding |
| Subaward ID | SUB-0770087 |
| Subaward No | 75-1000 |
| Subaward Amount | \$341,785.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Penobscot County, Maine |
| Expenditure Start | 10/3/2023 |
| Expenditure End | 12/31/2023 |
| Expenditure Amount | \$341,785.00 |

Expenditure: EN-02081468

| | |
|--------------------|------------------------|
| Project Name | Bangor Nursing & Rehab |
| Subaward ID | SUB-0878948 |
| Subaward No | 6.1.0013 |
| Subaward Amount | \$50,000.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Bangor Nursing & Rehab |
| Expenditure Start | 2/8/2024 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$50,000.00 |

Expenditure: EN-02081532

| | |
|--------------|-----------------|
| Project Name | Northern Forest |
| Subaward ID | SUB-0878954 |
| Subaward No | 6.1.0016 |
| | |

| | |
|--------------------|-----------------|
| Subaward Amount | \$250,000.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Northern Forest |
| Expenditure Start | 2/27/2024 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$40,013.00 |

Expenditure: EN-01703281

| | |
|--------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward ID | SUB-0345810 |
| Subaward No | 0001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Contract: Purchase Order |
| Subrecipient Name | Penobscot County, Maine |
| Expenditure Start | 6/30/2023 |
| Expenditure End | 12/31/2026 |
| Expenditure Amount | \$0.00 |

Expenditure: EN-00777942

| | |
|--------------------|--------------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 10/1/2022 |
| Expenditure End | 12/31/2022 |
| Expenditure Amount | \$15,936.56 |

Expenditure: EN-01794723

| | |
|-------------------|--------------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 10/1/2022 |
| | |

| | |
|--------------------|-------------|
| Expenditure End | 12/31/2022 |
| Expenditure Amount | \$12,532.28 |

Expenditure: EN-01794725

| | |
|--------------------|--------------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 1/1/2023 |
| Expenditure End | 3/31/2023 |
| Expenditure Amount | \$18,857.48 |

Expenditure: EN-01794728

| | |
|--------------------|--------------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 4/1/2023 |
| Expenditure End | 6/30/2023 |
| Expenditure Amount | \$19,326.56 |

Expenditure: EN-01794730

| | |
|--------------------|--------------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 7/1/2023 |
| Expenditure End | 9/30/2023 |
| Expenditure Amount | \$24,020.64 |

Expenditure: EN-00601178

| | |
|--------------------|--------------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 7/1/2022 |
| Expenditure End | 9/30/2022 |
| Expenditure Amount | \$13,310.19 |

Expenditure: EN-00288615

| | |
|--------------------|--------------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 1/1/2022 |
| Expenditure End | 3/30/2022 |
| Expenditure Amount | \$11,099.82 |

Expenditure: EN-00378128

| | |
|--------------------|--------------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 4/1/2022 |
| Expenditure End | 6/30/2022 |
| Expenditure Amount | \$12,418.79 |

Expenditure: EN-00042443

| | |
|-----------------|---------------|
| Project Name | Grant Manager |
| Subaward ID | SUB-0032363 |
| Subaward No | 00001 |
| Subaward Amount | \$0.00 |

| | |
|--------------------|--------------------|
| Subaward Type | Direct Payment |
| Subrecipient Name | Lisette Carrithers |
| Expenditure Start | 10/19/2021 |
| Expenditure End | 12/31/2021 |
| Expenditure Amount | \$7,847.69 |

Expenditure: EN-01703585

| | |
|--------------------|-------------------------------|
| Project Name | Premium Pay- County Employees |
| Subaward ID | SUB-0033216 |
| Subaward No | 4.1:00001 |
| Subaward Amount | \$690,587.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Penobscot County, Maine |
| Expenditure Start | 1/1/2023 |
| Expenditure End | 1/1/2023 |
| Expenditure Amount | \$116,790.21 |

Expenditure: EN-00042561

| | |
|--------------------|-------------------------------|
| Project Name | Premium Pay- County Employees |
| Subaward ID | SUB-0033216 |
| Subaward No | 4.1:00001 |
| Subaward Amount | \$690,587.00 |
| Subaward Type | Grant: Lump Sum Payment(s) |
| Subrecipient Name | Penobscot County, Maine |
| Expenditure Start | 3/3/2021 |
| Expenditure End | 12/31/2021 |
| Expenditure Amount | \$573,796.79 |

Aggregate Expenditures for Awards less than \$50,000

Expenditure: EN-00778510

| | |
|---------------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$15,000.00 |
| Total Period Obligation Amount | \$15,000.00 |

Expenditure: EN-00778514

| | |
|----------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |

| | |
|---------------------------------|-------------|
| Total Period Expenditure Amount | \$24,250.00 |
| Total Period Obligation Amount | \$10,000.00 |

Expenditure: EN-00778512

| | |
|---------------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$10,000.00 |
| Total Period Obligation Amount | \$25,000.00 |

Expenditure: EN-00778513

| | |
|---------------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$25,000.00 |
| Total Period Obligation Amount | \$24,250.00 |

Expenditure: EN-00778515

| | |
|---------------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$25,000.00 |
| Total Period Obligation Amount | \$25,000.00 |

Expenditure: EN-00778516

| | |
|---------------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$25,000.00 |
| Total Period Obligation Amount | \$25,000.00 |

Expenditure: EN-00778517

| | |
|---------------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$24,835.00 |
| Total Period Obligation Amount | \$24,835.00 |

Expenditure: EN-00778518

| | |
|---------------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$25,000.00 |
| Total Period Obligation Amount | \$25,000.00 |

Expenditure: EN-00778519

| | |
|---------------------------------|---------------------------------|
| Project Name | Commissioner Beneficiary Awards |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$25,000.00 |
| Total Period Obligation Amount | \$25,000.00 |

Expenditure: EN-01072817

| | |
|---------------------------------|--|
| Project Name | \$300K / Commissioner District Funding |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$674,186.00 |
| Total Period Obligation Amount | \$674,186.00 |

Expenditure: EN-01703677

| | |
|---------------------------------|--|
| Project Name | \$300K / Commissioner District Funding |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$808,097.00 |
| Total Period Obligation Amount | \$808,097.00 |

Expenditure: EN-01794808

| | |
|---------------------------------|--|
| Project Name | \$300K / Commissioner District Funding |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$585,716.00 |
| Total Period Obligation Amount | \$585,716.00 |

Expenditure: EN-02055971

| | |
|---------------------------------|--|
| Project Name | \$300K / Commissioner District Funding |
| Subaward Type (Aggregates) | Aggregate of Grants Awarded |
| Total Period Expenditure Amount | \$60,000.00 |
| Total Period Obligation Amount | \$60,000.00 |

Expenditure: EN-01794784

| | |
|---------------------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$0.00 |
| Total Period Obligation Amount | \$0.00 |

Expenditure: EN-01962974

| | |
|---------------------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$448.28 |

| | |
|--------------------------------|----------|
| Total Period Obligation Amount | \$448.28 |
|--------------------------------|----------|

Expenditure: EN-02056363

| | |
|---------------------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$3,585.55 |
| Total Period Obligation Amount | \$3,585.55 |

Expenditure: EN-00601129

| | |
|---------------------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$3,692.62 |
| Total Period Obligation Amount | \$3,692.62 |

Expenditure: EN-00601149

| | |
|---------------------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$1,816.55 |
| Total Period Obligation Amount | \$1,816.55 |

Expenditure: EN-00601204

| | |
|---------------------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$252.00 |
| Total Period Obligation Amount | \$252.00 |

Expenditure: EN-00284436

| | |
|---------------------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$7,635.90 |
| Total Period Obligation Amount | \$7,635.90 |

Expenditure: EN-00444135

| | |
|---------------------------------|--|
| Project Name | Administration of ARPA Local Grant Process |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$3,626.02 |
| Total Period Obligation Amount | \$3,626.02 |

Expenditure: EN-01794853

| | |
|--|--|
| | |
|--|--|

| | |
|---------------------------------|--------------------------------|
| Project Name | Time Clock Upgrade |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$2,605.50 |
| Total Period Obligation Amount | \$2,605.50 |

Expenditure: EN-01962981

| | |
|---------------------------------|------------------------------|
| Project Name | Time Clock Upgrade |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$2,605.50 |
| Total Period Obligation Amount | \$2,605.50 |

Expenditure: EN-02056463

| | |
|---------------------------------|------------------------------|
| Project Name | Time Clock Upgrade |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$2,777.50 |
| Total Period Obligation Amount | \$2,777.50 |

Expenditure: EN-00378084

| | |
|---------------------------------|------------------------------|
| Project Name | Time Clock Upgrade |
| Subaward Type (Aggregates) | Aggregate of Direct Payments |
| Total Period Expenditure Amount | \$20,915.00 |
| Total Period Obligation Amount | \$20,915.00 |

Expenditure: EN-00284438

| | |
|---------------------------------|--------------------------------|
| Project Name | Listening Session Facilitator |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$10,000.00 |
| Total Period Obligation Amount | \$10,000.00 |

Expenditure: EN-01964282

| | |
|---------------------------------|--------------------------------|
| Project Name | Grant Manager |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$23,316.53 |
| Total Period Obligation Amount | \$23,316.53 |

Expenditure: EN-02056959

| | |
|---------------------------------|--------------------------------|
| Project Name | Grant Manager |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Period Expenditure Amount | \$27,359.65 |
| | |

Total Period Obligation Amount

\$27,359.65

Report

Revenue Replacement

| | |
|---|---|
| Is your jurisdiction electing to use the standard allowance of up to \$10 million, not to exceed your total award allocation, for identifying revenue loss? | Yes |
| Revenue Loss Due to Covid-19 Public Health Emergency | \$10,000,000.00 |
| Were Fiscal Recovery Funds used to make a deposit into a pension fund? | No |
| Please provide an explanation of how revenue replacement funds were allocated to government services | Funds have been used to upgrade systems and equipment so that should a new emergency requiring remote working conditions happen, the county can now transition quickly. |

Overview

| | |
|------------------------------|-----------------|
| Total Obligations | \$21,455,636.61 |
| Total Expenditures | \$9,548,143.39 |
| Total Adopted Budget | \$17,275,411.00 |
| Total Number of Projects | 34 |
| Total Number of Subawards | 31 |
| Total Number of Expenditures | 57 |

| | |
|---|----|
| Have you expended \$750,000 or more in federal award funds during your most recently completed fiscal year? | No |
|---|----|

Certification

| | |
|-------------------------------------|--|
| Authorized Representative Name | Wendy Dana |
| Authorized Representative Telephone | 2079428535 |
| Authorized Representative Title | Grant Manager |
| Authorized Representative Email | wdana@penobscot-county.net |
| Submission Date | 4/26/2024 10:23 AM |